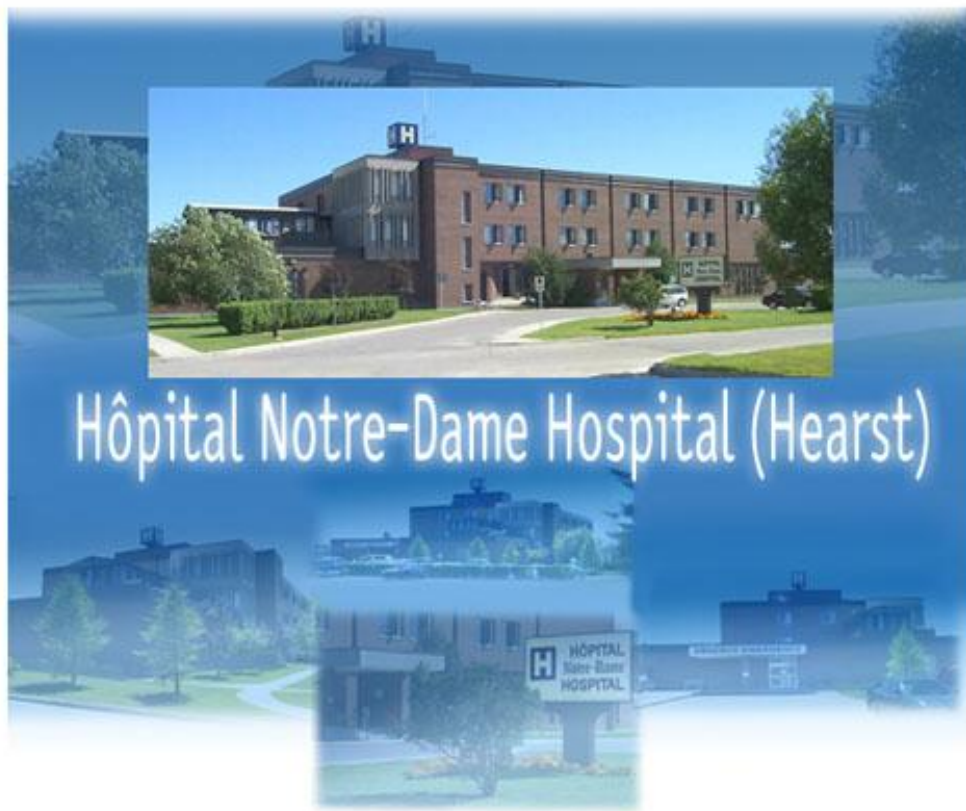


HÔPITAL NOTRE-DAME HOSPITAL (HEARST)

APPLICATION FOR BOARD MEMBERSHIP



1405 Edward Street
P.B. 8000
Hearst ON P0L 1N0

Hôpital Notre-Dame Hospital (Hearst) Application for Board Membership

Name: _____
Address: _____
Tel. No.: (H) _____ (W) _____
E-mail address: _____

1. I am interested in becoming a Director on the Board of Directors of the Hôpital Notre-Dame Hospital (Hearst). I choose to let my name stand for election in the following category:

Representative at Large (3-year term)

2. Are you currently a member of the Local Hospital Corporation as of April 1st of this year? **Yes** **No**

3. Carefully review Section 4.3(b) "Qualifications of Directors" of the Hospital By-law below:

(b) No Excluded Person shall be eligible for election or appointment to the Board of Directors except where otherwise provided in this By-Law.

For the purpose of these by-laws an "Excluded Person" means:

- (i) any member of the Professional Staff other than the members of the Medical Staff appointed to the Board pursuant to the *Public Hospitals Act*.
- (ii) any employee of the Corporation of Hôpital Notre-Dame Hospital (Hearst) or any Partner of the Hôpital Notre-Dame Hospital (Hearst);
- (iii) any spouse, dependent child, parent, brother or sister of any Excluded Person listed in (i) or (ii) above;
- (iv) any person who lives in the same household as any Excluded Person in (i) and (ii) above;
- (v) the auditor of the Corporation; or
- (vi) the solicitor of the Corporation.

Pursuant to this definition, would you consider yourself to be an "Excluded Person"? **Yes** **No**

4. Are you presently, or in the process of declaring bankruptcy? **Yes** **No**

5. Please provide a brief history of yourself, and indicate why you are interested in becoming a Board Member:

6. What experience would you bring to the Board of Directors that will help lead our Corporation?

7. Please rate the following by circling the appropriate response (1 “minimum” and 5 “substantial”):

Finance/Business Mgt.	Board of Director & Governance	Construction & Project Management	Ethics	Clinical Experience & Political Acuity	Government & Governmental Relations	Human Resources Mgt. & Working Relationship	Information Technology	Legal	Public Relations & Communications	Mgt. of Quality & Security of Patients & Risk Mgt.	Vision & Strategic Planning	Health Care Administration & Politics	Promotion & Patient Rights	Other :

8. Please indicate what other type of community service, organization and/or club you have been, and/or are involved with:

9. What do you know about your local Hospital?

Are you familiar with the Vision, Mission, and Core Values of the Corporation and its Partners?

Yes **No**

Can you support this in principle?

Yes **No**

10. Do you consider yourself to be a “Team Player”?

Yes **No**

In recognition of the time commitment involved, will you be able to devote the time and energy necessary to perform the role of Board Member?

Yes **No**

Are you able to deal with change?

Yes **No**

Can you effectively resolve challenging issues?

Yes **No**

11. Meetings of the Board of Directors.

Meeting of the Board of Directors are conducted in French and documents are often only written in French.

Are you comfortable to participate in meetings in French? **Yes** **No**

12. Please read the following statement:

I agree to let my name stand for the election of Director for the Hôpital Notre-Dame Hospital Board of Directors. If elected, I agree to serve as a Director in accordance to the Hospital By-law and policies.

Signature

Date

Please mail completed application form in a sealed envelope marked “*Nominating Committee c/o Administration Office*” to Hôpital Notre-Dame Hospital (Hearst), P.B. 8000, Hearst ON, POL 1N0, or drop off the envelope at the Hospital’s Administration Office. Thank you.